

No. W 41010	Due no later than Jul 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DEBRA SPRADLEY 4095 S STATELINE RD POST FALLS ID 83854																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. FAMOUS WILLIES BARBEQUE, LLC WILLIE SPRADLEY 4095 S STATELINE RD POST FALLS ID 83854		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Debra Spradley</td> <td>4095 S. Stateline Rd</td> <td>Post Falls</td> <td>ID</td> <td>USA</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Debra Spradley	4095 S. Stateline Rd	Post Falls	ID	USA		Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 41010		6. Signature: <u>Mrs. Debbie Spradley</u> Date: <u>8-18-17</u> <hr/> Name (type or print): <u>mrs. Debbie Spradley</u> Title: <u>owner/manager</u>																																				
Issued 08/15/2017 by SAT		115498																																				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM